

Partnership Agreement Application Form

Fiscal Year 2011 (July 1, 2010 - June 30, 2011)

(Round All Monies to the Nearest Dollar)

Amount Requested: \$ _____

Organization or Agency Information

Organization Name: _____

Mailing Address: _____

City/County/State: _____

Nine-digit Zip Code: _____

Telephone: _____

Website Address: _____

Federal Employer Identification Number (FEIN): _____

DUNS Number: _____

State Agency Number, if applicable: _____

State Legislative District (House) Number: _____

State Legislative District (Senate) Number: _____

Congressional District (U.S. House) Number: _____

Authorizing Official Name: _____ **Title:** _____

(Executive director, board chairman or board president)

Project Director: _____ **Title:** _____

Business Phone: _____

Home Phone: _____

E-mail Address: _____

Fax Number: _____

Organizational Status

Is this organization:

____ Nonprofit (Date established: _____)

____ City/County Government Agency

____ State Agency

____ Other: _____

Is the organization multi-cultural? (see *All Applicants* for definitions) ____ Yes ____ No

If a nonprofit organization, in which state is it incorporated? _____ **Year of incorporation:** _____

Please fill in the spaces below with the income/expense data from the applicant's most recent fiscal year:

Dates (MM/DD/YY): _____ to _____

Cash Operating Income: \$ _____

Cash Operating Expenses: \$ _____

If operating income and expenses differ, please attach a note explaining the difference. If there is a deficit, please explain how the deficit is being managed.

List other Kansas Arts Commission grant programs that the applicant has applied for (prior to this application) for Fiscal Year 2011.

